

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County... Howard
 City or town... Waterloo
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 wks
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Howard
 City or town... Waterloo
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

William Mc Kinley Chambers

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Black

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

November 26, 1946

8.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

0112

_____ hrs.

_____ min.

9. Birthplace

Waterloo Howard Co Md
(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

FATHER

12. Name

Benjamin Chambers

13. Birthplace

Md

MOTHER

14. Maiden name

Mildred Nelson

15. Birthplace

Md

16. Informant

Parents

Address

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

1-9-47
(month) (day) (year)

Cemetery or crematory

St. Stephens

Location

Elkridge Md

18. Funeral director

701 1st St. Waterloo

Address

Ellicott City Md

19.

Jan. 8

19

47

(misc.)

Edmund Williams

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

January 7 1947 at 9:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 7 1947 to Jan 7 1947

and that I last saw him _____ alive on _____ 19____

Immediate cause of death

Lobar Pneumonia

DURATION

2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

Alpha N Herbert M.D.

23. SIGNATURE

Alpha N Herbert M.D.

M. D. or other

Address

Ellicott City MdDate signed 1-9-47

ARTESIAN LEADS

AS CONTENT

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1900

1. PLACE OF DEATH:

County HOWARDCity or town RURAL ELLICOTT CITY
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? SINCE 12-17-1946

Hospital, institution, or street address where death occurred:

PINEL CLINICHow long in hospital or institution? SINCE 12-17-1946

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County BALTO. CITYCity or town BALTIMORE
(If outside city or town limits, write RURAL and give nearest town)Street No. 3606 EVERSLEY AVE
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

JOSEPHINE A. DEPKIN

3. (b) Social Security Number

4. Sex

FEMALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

WIDOWED

6. (b) Name of husband or wife

WILLIAM DEPKIN

7. Birth date of deceased (mo., day, yr.)

OCTOBER 3rd 1919
6. (c) If alive, give age, years

8. AGE:

Years

Months

Days

If less than one day

67 ?

hrs. min.

9. Birthplace

BALTIMORE MD.

(Town, county, and state)

10. Usual occupation

HOUSEWIFE

11. Industry or business

MOTHER FATHER

12. Name

FRANCIS X. GANTER

13. Birthplace

BADEN BADEN - GERMANY

14. Maiden name

CHRISTINE GEORGII

15. Birthplace

PENNA.

16. Informant

MR. WILLIAM DEPKIN

Address

1524 S.W. 19th STREET MIAMI FLA

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

Jan. 16, 1947
(month) (day) (year)

Cemetery or crematory

Landon Pk

Location

3801 Frederick Rd

18. Funeral director

Henry B. Witzke

Address

4101 Edmondson Ave

19.

1/10
(Date rec'd by registrar)

19.

47 A. W. Hebrich
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 8th 1947, at 7⁰⁰ A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from DECEMBER 17th 1946 to JANUARY 8th 1947 and that I last saw h.e.r. alive on JANUARY 8th 1947

Immediate cause of death

CEREBRAL HEMORRHAGE

DURATION

12 HOURS

Due to

GENERALIZEDARTERIOSCLEROSIS

Due to

HYPERTENSION

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Holmut Prager. M.D.

M. D. or other

Address

Ellicott City MdDate signed 1/8/1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

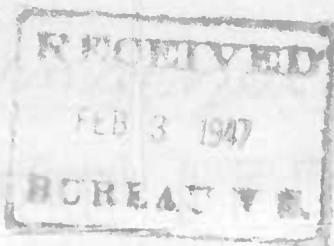
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00643

Reg. Dist. No. 1910

1. PLACE OF DEATH: County... <u>Howard</u> City or town... <u>Rural - Ellicott City</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?... <u>Life</u> Hospital, institution, or street address where death occurred: _____ How long in hospital or institution?		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State... <u>Maryland</u> County... <u>Howard</u> City or town... <u>Rural - Ellicott City</u> (If outside city or town limits, write RURAL and give nearest town) Street No... <u>Old Frederick Rd.</u> (If rural, give LOCATION) 2(a) If veteran, name war	
3. (a) FULL NAME <u>Eleanor E. Frost</u>		3. (b) Social Security Number	
4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Single</u>	
6. (b) Name of husband or wife			
6. (c) If alive, give age ... years			
7. Birth date of deceased (mo., day, yr.) <u>Sept. 21, 1859</u>			
8. AGE: Years <u>87</u>	Months <u>4</u>	Days <u>10</u>	it less than one day hrs. min.
9. Birthplace <u>Baltimore Co. Maryland</u> (Town, county, and state)			
10. Usual occupation <u>None</u>			
11. Industry or business			
MOTHER FATHER	12. Name <u>William Frost</u>		
	13. Birthplace <u>Maryland</u>		
	14. Maiden name <u>Unnie R. Cwings</u>		
15. Birthplace <u>Maryland</u>			
16. Informant <u>Miss Elizabeth H. Frost</u> Address <u>Ellicott City, Md.</u>			
17. Burial (Burial, cremation, or removal, which?) <u>Burial</u> Date thereof <u>2-2-47</u> (month) (day) (year) Cemetery or crematory <u>Wm. View</u> Location <u>West Friendship, Howard Co. Md.</u>			
18. Funeral director <u>G. W. Walz</u> Address <u>Winfield Md.</u>			
19. Jan 31, 1947 (Date rec'd by registrar) <u>John B. Loughman</u> Registrar			
MEDICAL CERTIFICATION			
20. DATE OF DEATH ... <u>1-31</u> 19 <u>47</u> , at <u>6 A.M.</u>			
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>July 14, 1940</u> to <u>1-31, 1947</u> and that I last saw him/her alive on <u>1-31, 1947</u>			
Immediate cause of death <u>Hypertensive Cardiovascular Disease</u>			
Due to			DURATION <u>7 years</u>
Due to			<u>4 days</u>
Other conditions <u>Bronchopneumonia</u> (Include pregnancy within 3 months of death)			
Major findings of operations <u>none</u>			
Autopsy results <u>none</u>			
PHYSICIAN: Please underline the cause to which death should be charged statistically.			
22. VIOLENCE: If death was due to external causes, tell in the following:			
Accident, suicide, or homicide... Date of...			
Where did injury occur? (City or town) (County) (State)			
Injured at home, farm, industry, public place (where?)			
Means of injury Injured at work?			
23. SIGNATURE <u>George E. Bunting, M.D.</u> M.D. or other Address <u>Ellicott City, Md.</u> Date signed <u>1-31-47</u>			



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1900

1. PLACE OF DEATH:

County Howard
City or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
6509 old Wash Rd
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County Howard
City or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 6509 old Wash Rd
(If rural, give LOCATION)
2.(a) If veteran, name war none

3. (a) FULL NAME

John Joseph Hartke

3. (b) Social Security Number

212-05-2026

4. Sex Male 5. Color of race White 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Catherine O'Malley
Hartke 8. (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) May 12 1875

8. AGE: Years 71 Months 8 Days 3 If less than one day
..... hrs. min.

9. Birthplace Elkridge Md
(Town, county, and state)

10. Usual occupation Sanitation Dept (Retired)

11. Industry or business Colvert Ditchery

12. Name Joseph Everhart Hartke

13. Birthplace Germany

14. Maiden name Anna Schleich

15. Birthplace Baltimore

18. Informant Mrs Catherine O'Malley Hartke

Address 6509 old Wash Rd. Elkridge Md

17. Funeral Date thereof Jan 18 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium St. Ignace's Cem.

Location Elkridge Md

16. Funeral director John J. Kovach

Address 2103 Bellvue St.

19. Jan 16 1947 (Date rec'd by registrar)

20. Miss J. Bird Registrar

Address Elkridge Md

Date signed 1/15/47

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1947 at 9:25 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 1947 to Jan 15 1947

and that I last saw him alive on Jan 15 1947

Immediate cause of death Chor Myocarditis

with coronary occlusion

Due to arteriosclerosis

2 acute

Other conditions General arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations Sanitary

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

accident, suicide, or homicide. Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. B. Brumbaugh

M. D. or other

Address Elkridge Md

Date signed 1/15/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

00645

1. PLACE OF DEATH

County Howard Registration Dist. No. 195
 Village or City Lanham R. F. D. Whiskey Bottoms No. 1 St. 1 Ward 1
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 18 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

David Thomas King If U. S. Veteran, specify WAR WAR
 (a) Residence: No. 1 St. 1 Ward 1
 (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of <u>Susan King</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>Mar 1880</u>		
7. AGE <u>66</u>	Years <u>10</u>	Months <u>10</u>
		Days <u>1</u>
		If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOCKKEEPER, etc.		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Store Keeper</u>		
10. Date deceased last worked at this occupation (month end year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) North Carolina

13. NAME Richard King

14. BIRTHPLACE (city or town)
(State or country) North Carolina

15. MAIDEN NAME Oregon Walker

16. BIRTHPLACE (city or town)
(State or country) North Carolina

17. INFORMANT Susan King
(Address) Lanham R. F. D.

18. BURIAL, CREMATION, OR REMOVAL
Place by Hill Date Jan 19, 1947

19. UNOBTAINER Richard King
(Address) 401 1/2 W. 1st St. Lanham Md

20. FILED 1/18/47, 1947 Frank Shipley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. 16, 1947
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from
Jan. 1945 to Jan. 16, 1947

I last saw him alive on Jan. 15, 1947; death is said
to have occurred on the date stated above, at 11/16/47 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Ac. Myocardial Decomp.
Chr. Myocarditis

Date of onset

1/16/47
2 yrs.

Other Contributory Causes of Importance:

Name of operation Ac. Myocardial Decomp. Date of 1/16/47

What test confirmed diagnosis? Chr. Myocarditis Was there an autopsy? 2 yrs.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 1947

Where did injury occur? 0

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0

If so, specify 0

(Signed) Frank Shipley M. O.

(Address) Savage, Md.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE IN INK—THIS IS A PERMANENT RECORD—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

00646

Reg. Dist. No. 1910

1. PLACE OF DEATH:

County Howard

City or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Fells Ave

How long in hospital or institution?

3. (a) FULL NAME

Bessie P Scott

4. Sex Female

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Oliver Scott

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 67 Months Days If less than one day hrs. min.

9. Birthplace Ellicott City, Md.
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

12. Name Augustus Matthews

13. Birthplace Maryland

14. Maiden name Ethel Lena ?

15. Birthplace Unknown

16. Informant Matthew D. Scott

Address 1537 W. Lanvale St. Balt. Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Jan. 6, 1947
(month) (day) (year)

Cemetery or crematory Western Star Cemetery

Location Old Frederick Rd & Munsey Ln

18. Funeral director Eastern Ave

Address Ellicott City, Md.

19. Jan 5, 1947 (Date rec'd by registrar)

John B. Loughman Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard

City or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)Street No. Fells Ave.
(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2nd 1947, at 11.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 16 - 1946 to Jan 2 1947

and that I last saw him alive on Jan 2 - 47 19

Immediate cause of death Cerebral Hemorrhage 17 days

Due to Hypertensive Cardiac Disease ?

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE C. F. Maloney M.D.

Address Catonsville, Md.

Date signed 1-4-47

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